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PATENT APPLICATION
Attorney's Do. No. 5038-39

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

EHREN RHEA
(SENDER'S PRINTED NAME)

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jc825 U.S. PTO

09/741220

12/19/00

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor: Philip W. Doberenz

For: METHOD FOR QUADRATURE PHASE DECODING ALLOWING FOR SKIPPED STATES

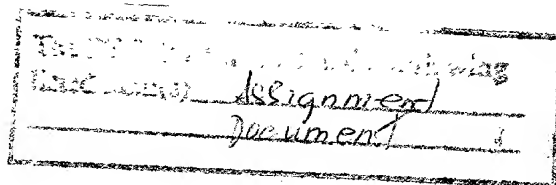
This application is a ☐ continuation, ☐ divisional, ☐ continuation-in-part of prior application Serial No. _____, filed _____.

Prior application info: Examiner: _____ Group Art Unit _____

Applicant requests FIG. 3a to be published with the application.

Enclosures:

- ☒ Specification (pages 1- 7); claims (pages 8-9); abstract (page 10)
- ☒ 4 sheets of FORMAL drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
- ☐ Newly executed (original or copy)
- ☐ Copy from a prior application (37 CFR 1.63(d))
- ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Power of Attorney
- ☒ Assignment with cover sheet



Assignee Name and Address: Intel Corporation
2200 Mission College Blvd.
P.O. Box 58119
Santa Clara, California 95052-8119

- ☐ Certified copy of priority document
☐ Request for Nonpublication
☒ Information Disclosure Statement with Form PTO 1449
☒ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment
☐ Change of Address
☒ Return Postcard

CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$710.00
Total Claims	15-20		x \$ 18 =	
Independent Claims	3-3		x \$ 80 =	
Multiple Dependent Claim Fee			x \$270 =	
TOTAL FILING FEE				\$710.00

- ☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
- ☒ A check in the amount of \$750.00 to cover ☒ filing fee and ☒ assignment recordal fee (\$40) is enclosed.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.



20575

PATENT TRADEMARK OFFICE

Respectfully submitted,

MARGER JOHNSON
& McCOLLOM, P.C.

Julie L. Reed

Julie L. Reed

Reg. No. 35,349

MARGER JOHNSON & McCOLLOM, P.C.
1030 S.W. Morrison Street
Portland, OR 97205
(503) 222-3613